TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the received director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. deat hours after TO HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04205 CERTIFICAT	E OF DEATH 04204							
1. PLACE OF DEATH 8. COUNTY SOMERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Real STATE B. COUNTY MARYLAND SOMERSET	esidence before admission)						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE	c. CITY OR TOWN (If outside corporate limits, write RURAL PRINCESS ANNE	19-1						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) N. SOMERSET AVE.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X						
3. NAME OF First Middle	Last 4. DATE Month OF DEATH MARCH	Day Year 5, 1969						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT						
POSTAL EMPLOYEE POSTAL SERVICE SI 13. FATHER'S NAME	MEEDVILIE TENN. U.S. 14. MOTHER'S MAIDEN NAME	• 4.6						
JOHN ALDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	MAUDEM . M. GARRETT INFORMANT Address							
(Yes, no, or unkown) (If yes give war or dates of service)	RS LULA M. ALDER PRINCESS	ANNE MD						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DEATH						
Conditions, If any, which DUE TO A THEROSCLEROSIS								
gave rise to immediate cause (a), stating the DUE TO underlying cause last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SECULATE THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SECULATE THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SECULATE THE PART OF THE PART O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m., While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)						
21. I certify that (I) (this hospital) attended the deceased from (t death occurred at 2 P.M, from the causes and on the	Z, that (I) (we) last ne date stated above.						
222 SIGNATURE 222 PHYSIOLANIS M.O	ATTENDING (MED. STAFF) 22b. D/	ATE SIGNED						
NAME (Type)GEO. M. DUNN M.D.	PRINCESS ANNE, MD.							
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY BURIAL Specify) 3/7/1967 BEE CHWOOD	MEMORIAL CEM. PRINCESS A	NNE. MD.						
24. FUNERAL DIRECTOR ADDRESS LEVIN R. WILSON PRINCESS ANNE. M	25a. REC'D BY REGISTRAR 25b. REGISTRAR 4	SSIGNATURE						

VR A15 (4) 15M 4-64

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ON THE PLEASE OF THE PROPERTY AND THE

BURIAL S/7/1387 BEET DON TENDELL CER. YELDGES ANDE, ME. ALL REAL CROWLES WARE IN MIN'S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04206 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Somerset Maryland Somerset MARYLAND Department after death. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b May Marion years Marion e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? any delay is 2, and 3 to t PM3. Page State hours 10 P. O. Box 83 P. O. Box YES NO K DATE NAME OF First Middle Last Month DECEASED the BELL. BENSON CALVIN 1967 Sr. DEATH March (Type or print) within SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIEO X NEVER MARRIEO last birthday) | Months | Oays after death. II Hours 1 Male White Aug. 1923 WIBOWED DIVORCED event Give Pa 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INOUS MYO. State COUNTRY? Maryland U.S.A. pages I in any e Laborer along Roads Commission should be executed within 24 hours af word "pending" in pencil in Item 18. Chief Medical Examiner's Office alon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney C. Bell Elizabeth Lewis and AddressP.O. Box 83 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((If yes give war or dates of service) permit. I removal, WW Marion, Maryland 218-14-0516 Mrs Maxine Bell. yes INTERVAL BETWEEN CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), i I hour PART I. CEATH WAS CAUSED BY: Coronary occlusion burial-transit cremation, or IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the used as a to burial, CO underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? the the This certificate YES [NO certificate, writing th or or DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 5.2 3 shou MEDICAL (State) 20c. TIMF OF INJURY Month, Oay, Year | 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) DEPUTY MEDICAL EXAMINER: Hour a.m. While - Not While CTOR: Page designated at work at work Inquiry X. X. and in my opinion the cert should 21. I certify that I took charge of the remains described above, held an Autopsy Inspection DIRECTOR: Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER your 4 I. Rantey execute Page 4 22. DATE SIGNED SIGNATURE nlease execu director. Pag retained for 3/25/67 0 OFPUTY MEDICAL EXAMINER X FUNERAL C. G. Rawley, M.D. Crisfield, Md. Health **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY MEXCHANDEX 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. DATE THEREOF REMOVAL (Specify) 70 3-27-1967 Rehobeth Methodist Rehobeth. Maryland 0 Burial 25b. REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR FUNERAL DIRECTOR AODRESS Munley Pocomoke City, Md. VR A15MF 3500 4-64 per

C. M. M. constitut

FOR STATE HEALTH-DEPT.

EXAMINER: This certificate should be executed within 24 hours after death. If it certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.

the 5 i any delay i. 1, 2, and 3 to the State hours 意

NE and event any pages in any File permit. I burial-transit proceeds of the companies 10 used as to burial ld be 3 should agent, F CTOR: Page designated

CERTIFICATION

MEDICAL

FUNERAL DIRECTOR: f Health or its design please execute th director. Page 4 s retained for your f 0

> VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: a. COUNTY b. COUNTY Somerset Maryland Somerset MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Marion Station c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Lifetime Marion Station e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Auto - Front Marion Fire Hall R. F. D. YES NO NAME OF First Middle 4. DATE Month Year Last DECEASED GEORGIA ELIZABETH CHELTON DEATH 19 67 (Type or print) March 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED last birthdey) Months I Female White Feb. 23, 1899 WIDOWED 2 DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10b, KINO OF BUSINESS OR INDUSTRY U.S.A. Marion Station. Md. Housewife At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Travis Taylor Emma Williams Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) Davis Chelton -- Marion Station. Md. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND CEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (a) DUE TO Generalized arteriosclerosis with Years Conditions, if any, which gave rise to immediate hypertension. DUE TO cause (a), stoting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Diabetes mellitus YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Inlury in Part 1 or Part II of Item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Oay, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (State) Hour a.m. while Not While at work Inspection X. Inquiry X. and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Homicide death resulted from: Natural causes X. Accident Suicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATUR /67 DEPUTY MEDICAL EXAMINER Crisfi eld **EXAMINER'S** C. G. Rawley, M.D. Address (Street, city, town, or county) NAME (Type) 23a, BURIAL, CREMATION, 23b, OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Marion Station, Md. 20,1967 St. Paul's Cemetery 25a. REC'O BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADORESS & Sons -- Crisfield, Md.

04208 Transmittee. day energies and LineSit and Print The real section lives - expa · . .Ma pyll rementely and the state of seath at the sent . Let , and Likeli en type -- h -- 12-. . . THE RESERVE LEVEL COMMENT The second and the contract of the second . Land of the control .bs , office as upon the same

FOR-STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your figes TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after depth. DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decay is necessary TO DEPUTY

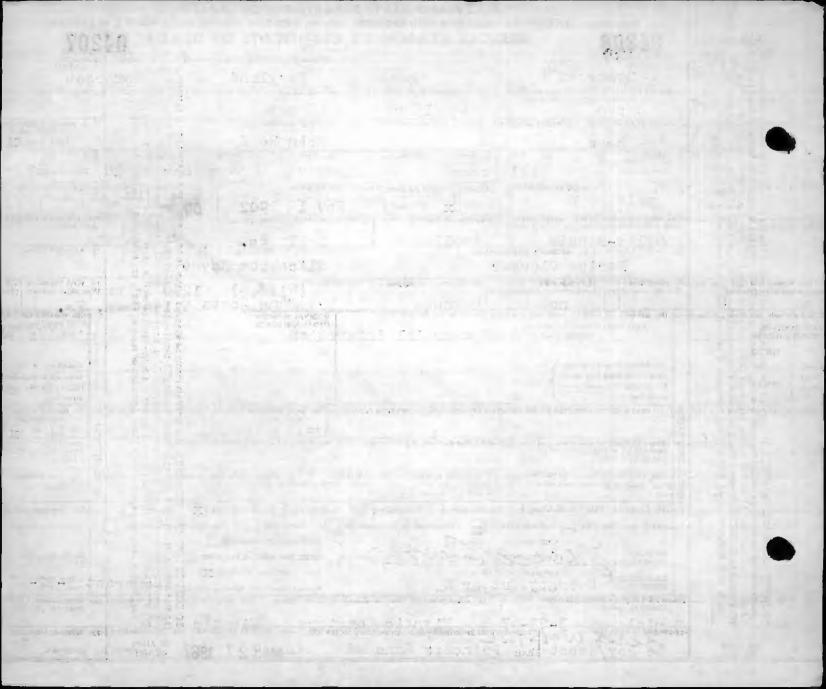
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

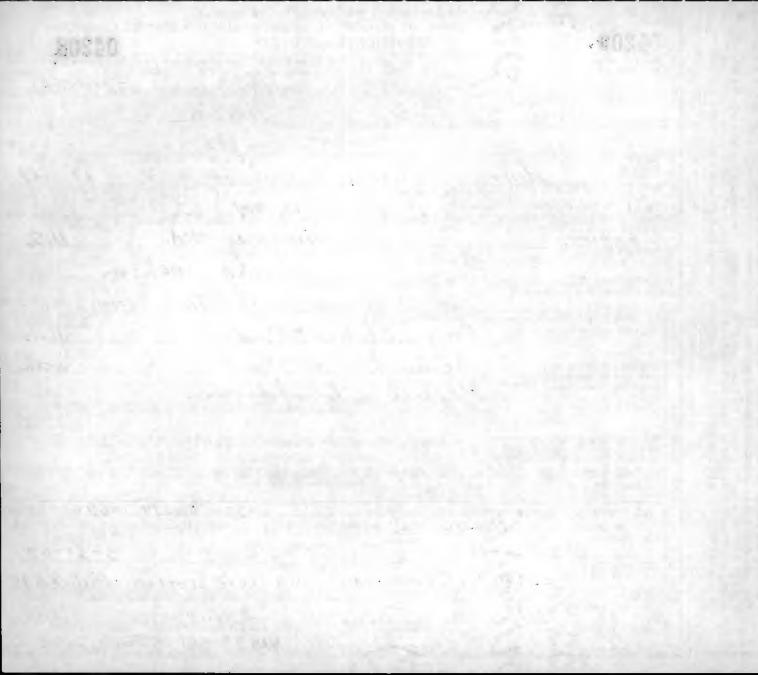
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03200			UTAUL					
1. PLACE OF DEATH a. COUNTY		ere decassed lived, If institut	ion: Rasidanca befora admission)					
Somerset MARYLAND	Maryland	b. COUNTY	merset					
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b		e corporate limits, write RURA	L and give necrest town)					
write RURAL and give neerest town)	CC .		10 1					
Charp d. NAME OF HOSPITAL OR INSTITUTION (ii not in hospital, give street address)	d. STREET ADDRESS		1 9. IS RESIDENCE					
of nontractive or manifolious (it not in nospite), give areas eddress)			ON A FARM?					
at home	Main Road		YES NO					
NAME OF First Middle DECEASED	Last 4. Di		Dey Year					
		ath March	20 1967					
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B.	DATE OF BIRTH	9. AGE (In years IF UN	DER I YEAR IF UNDER 24 HRS.					
male W WIDOWED TO DIVORCED	Nov 15 1902	lest birthdey) Mont	hs Deys Hours Min.					
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR)			. CITIZEN OF WHAT COUNTRY					
lone during most of working life, even if refired)	VINITA CITUE (GIBIE OF SDIE)	an adding;						
Sales-repair Appliance	Bally Pa.		USA					
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	YY . 2.6						
Darius Clouser	Elizabeth	Heydt						
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT S	1236 Wal	mark Ot					
Yes, ne, or unkown) (Ifyesgivewerordetesofservice)	Mag Anna Ma							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Mrs Anna Mo	ats Allento	1 INTERVAL BETWEEN					
PART I, DEATH WAS CAUSED BY.			ONSET AND DEATH					
IMMEDIATE CAUSE (a) Myocardial inf	arction		minutes					
4201 DUE TO								
Conditions, if any, which \ (b)								
geve rise to immediate cause								
(a), stering me underlying								
(6)	T RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART IGN 19. WAS AUTODEN					
CHAIN CHAIN CONTINUES CONTINUES OF PARTIES AND PARTIES OF THE PART	The state of the s	Seriemon Girtin M	PERFORMED?					
		46.1	YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Part I or	Pert II of item 18.)						
		(City or town)	(County) (Slate)					
Hour e.m. While Not While sector	nry, street, office bldg., etc.)							
		. (5)	1 11					
21. I certify that I took charge of the remains described above, hel			and in my opinion					
death resulted from: Natural causes . Accident . Suici	de, Homicide,	Undetermined manner						
6 1	CHIEF MEDICAL EXAMIN	ER 🕝						
SIGNATURE / ILM ett Helle m	ASSISTANT MEDICAL EX	AMINER	DATE SIGNED					
	DEPUTY MEDICAL EXAM	NER IXI						
NAME (1790) Everett SutterMD		Some	rset 3-22-67					
28. BURJAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, tow	n, or county)						
REMOVAL (Specify)	CREMATORY 224	OCATION (City, lown, or eq	univ [State]					
	CREMATORY 22d.	LOCATION (City, lown, or eo	unity) (Stete)					
Surial 3-23-67 Niantic Co	metery Nie	ntic Pe						
20 PURE CORECTOR WOLFEL ADDRESS	metery 24a. RECORY	EGISTRAR 246. REGISTRAL	R'S SIGNATURE					
Le Roy Webster Princess Anne M	metery 24a. RECORY	EGISTRAR 246. REGISTRAL						

VR AISME SM 1/63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. a. COUNTY b. COUNTY a. STATE nit. Then please reprove carbon papers. Pages 1 or removal, and in any event, within 72 hours after by the Pages 1 MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b filled in OF d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO L completely executed within Month 3. NAME OF DECEASED First Middle Last DATE Day 4. DEATH 196 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. DAT E OF BIRTH 5. SEX 6. COLOR OR RACE 8. 7. MAKRIED NEVER MARRIED Months Days Hours and WIDOWED DIVORCED [12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR HPZACE (County & State, or foreign country) attending physician þe during most of working life, even if retired) COUNTRY? INDUSTRY VINSE death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 1501 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no, or unkown) (If yes give war or dates of service) burial, cremation, the INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. this certificate has been signed by the letached for use as the burlal-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO (a). stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T PRIMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of the Dept. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20f. factory, street, office bldg., etc.) be de State Hour a.m. After While Not While OR ATTENDING at work at work 19 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on 196 and that death occurred at. 22b. DATE SIGNED SIGNATURE 22a. ATTENDING PHYS. MED. STAFF H Doney. M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) ULBOURN (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 10 ADDRESS REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64



CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please (emgue carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in buy event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after and completely filled in by the Page 4 moy be retained by the hospitol or attending physician.

04210

VR A15 (4) 20 M 1/66

23o. BUR AL, CREMATION, 23b DATE THEREOF 1967 24. FUNERAL DIRECTOR

Bradshaw & Sons, Crisfield, Md.

23c NAME OF CEMETERY OR CREMATORY ADDRESS

Private Family Cemetery

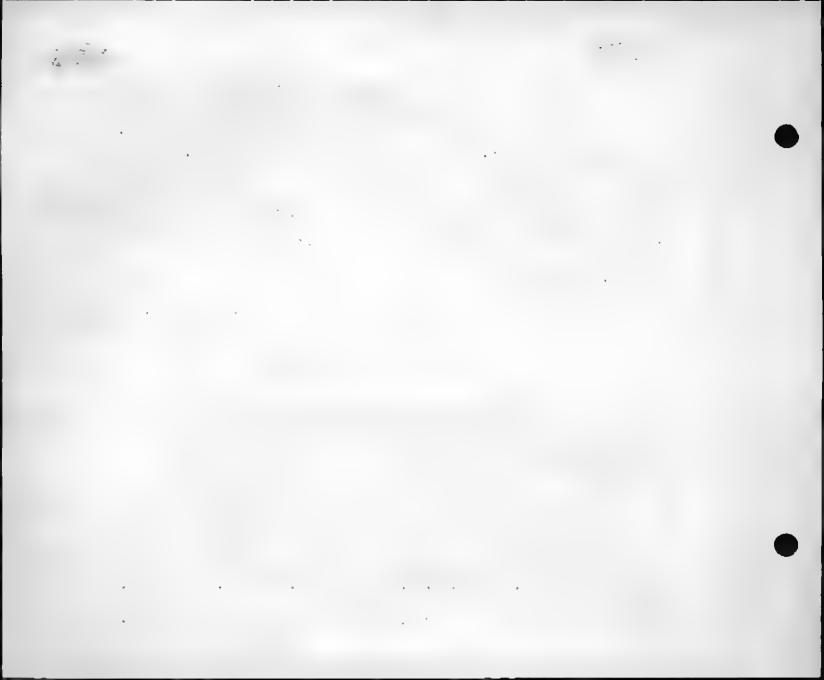
Crisfield, Md.

25b. REGISTRAR'S SIGNATURE

04200

23d. LOCATION (City or Town) 2So. REC'D BY REGISTRAR 1967

	0 24.0									
	PLACE OF DEATH					2. USUAL RESIDENCE (W	Where deceased in		Residence perd	re udmission)
(o. COUNTY	Somerset		MARY	/LAND	o. STATE Mary	land	b. COUNTY	Somer	set
ŀ		f outside corporate limits,		c LENGTH OF STAY I	N 3b	C CITY OR TOWN (If our	tside corporate lin	nits, write RURAL	and give neare	st town)
	Write KUKAL onc	Crisfield		Life		Crisi	field			17.1
(NAME OF HOSPITA	AL OR INSTITUTION (If not in be	espitol, givi	e street oddress)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
		Mariner's Rd	•			Marin	ner's Ro	l.		YES NO EX
	NAME OF	First		Middle	-	Lost	4. DATE	Month	Do	y Year
	DECEASED Type or print)	LENA		MILES	-	CULLEN	OF DEATH	March	17	7, 19 67
5 5	SEX	6 COLOR OR RACE 7 M	ARRIED [NEVER MARRIED	· Ш і і	. DATE OF BIRTH	l la		UNDER 1 YEAR	IF UNDER 24 HRS.
F	emale	White W	DOWED 5	DIVORCE		uly 16, 1888	3 78	it birthdoy) M yrs.	onths Doys	Hours Min.
100.	USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR		11 BIRTHPLACE (County)	& Stote, or foreign	country)	12 CITIZEN C	
QUE)	no most of warking	lite, even it retired)	14	one		Crisfield,	Marylar	ıd	COSKY	
13.	FATHER S NAME					14. MOTHER'S MAIDEN N	IAME			
J	ames H.	Ward				Mary Riggin	n			
		R IN U.S. ARMED FORCES?		CIAL SECURITY NO	17. 1	NFORMANT		Address		
[18	ş, no, or unknown) O	(If yes give wor or dotes of servi None	Ce }	None	Mi.	ss June Mile	s, Same	as 2. 8	abed ab	ove
ī		EATH (Enter only one couse per	line for (o), (b), ond (c).)		. /	1		IN	TERVAL BETWEEN
	PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1200	Ar Well	ow-	atroshu?	Tire	u	0,	NSET AND DEATH
	350		1	7	,	1011				
	Conditions, if ony		Fax	Rines	no	Greare				331400
	nse to immediat stating the unde									
	last	(c)								
_	PART II, OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN	PART I(o)	19	WAS AUTOPSY PERFORMED?
ATIO										YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WA		205 DESCI	RIBE HOW INJURY O	CCURRED (Enter noture of injury in I	Part I or Port II o	f item 1B.)		
9		MEDICAL EXAMINER)								
질		URY Month, Doy, Year		IRY OCCURRED		F OF INJURY (Home, form ory, street, office bldg., etc.)		ly or town)	(County)	(Stote)
뜋	Hour o.r p.r	10	While of work	Not While of work	10010	ory, street, orrice blog., etc.)				
	21. I certi	fy that (I) (this haspital)	attende	d the deceased	fram_>	naget 10,1	9 <u>/27</u> , ta_	murch 17		that (I) (we) last
	saw the d	eceased alive an	sch!	<u> </u>	and that	death accurred at	9 PM, fr	am causes and		
	220. SIGNATURE	1 1 4	Δ	1		ATTENDING	MED	STAFF -	22b. DATE SIG	
		Array M	· FL	upon	WI	PHYS.	DIRECTOR L	PHYS.	nec. 2	1,196/
	22c. PHYSICIAN'S NAME (Type		vt.on	N.D.		22d. ADDRESS 33 W. Maix	n St C	risfield	a. Ma.	
200		Daran in it,			DEEDL OF					(54444)
Z30	. BUR AL CREMATIC	ON. 23b DATE THEREOF		23c NAME OF CEM	CIEKT UK (KEMIAIUKI	1 ZOQ. LUCATI	ON (City or Town)	(Count	ly) (Stote)



TO DEPUTY ME

VR A15ME (5) 6M 1/66

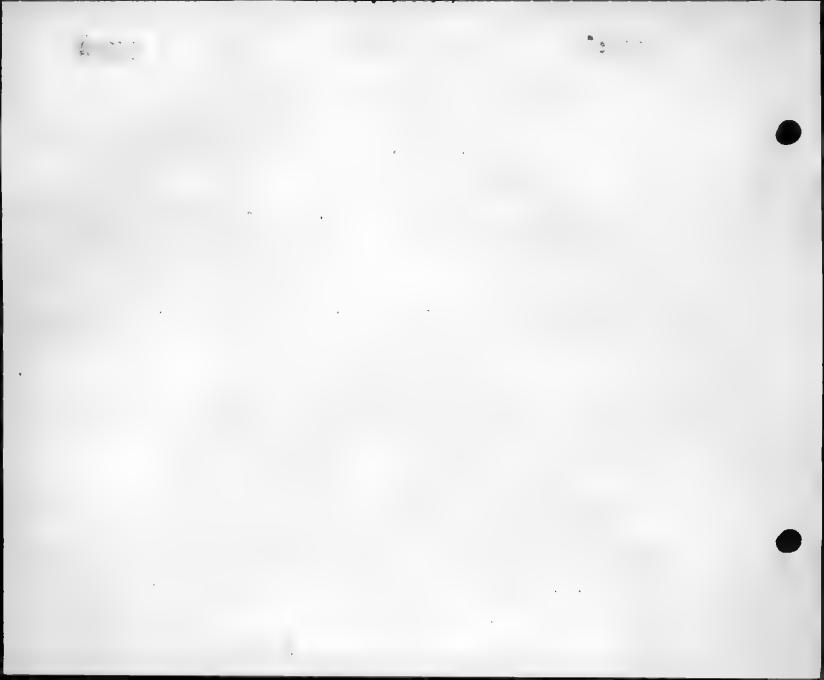
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MARYLAND STATE DEPARTMENT OF HEALTH

04210

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OMPTI					CHICKLE COLUMN	OT OLIVITIES		しはな	10	
1. PLACE OF DEATH p. (OUNTY					2. USUAL RESIDENCE	(Where deceased liv			e befare adm	issian)
	Somerset		MARYLANI)		ryland	b. COUNT	Son	merset	
b CITY OR TOWN write RURAL on	(If outside corparate limits, in rive pearest town)		C LENGTH OF STAY IN 16		c CITY OR TOWN (if		nts, write RURA	AL and give	nearest tow	n)
	crisfield		Life			lsfield			14-1	
	TAL OR INSTITUTION (f not				d STREET ADDRESS				e IS I	RESIDENCE A FARM?
DOA McCr	eady Memoria	1 Hosp	ital (NA)		27	Chesapeal	ce Ave.	,	YES [NO X
3 NAME OF DECEASED	First		Middle		Last	4 DATE OF	Manth		Day	Year
(Type ar pnnt)	PRESTO			DIZ		DEATH	Marc		10,	19 67
S SEX			NEVER MARRIED	- -	DATE OF BIRTH	l los	(In years	IF UNDER 1 Manths	Days Ha	NDER 24 HRS
Male	White	WIDOWED [DIVORCED [_	eb. 20, 19		yrs.			
during mast of working	N (Give kind of work dane life, even if refired)	106. KIN	D OF BUSINESS OR USTRY		11 BIRTHPLACE (Sta			(0)	ZEN OF WHA JNTRY?	Ţ
aborer		Sea	food			ld, Maryla	ind	USA	1	
13 FATHER'S NAME	•				14. MOTHER'S MAIDER					
Wesley D		114 5	OCIAL SECURITY NO	12 1	Mattie (Cook	4.1.1			
(Yes, na, ar unknawn)	FR IN US ARMED FORCES? (If yes give war or dotes of the None)	service)	OC COO				Addres		*	
				VI S	Rose Dia	ze, Same a	IS 2. a	bca s		
	EATH (Enter on y one couse TH WAS CAUSED BY:		a), (b), and (t)) CONARY OCC	٦.,	cion				NTERVA.	BETWEEN
4 6	IMMEDIATE CAUSE (o) ———	Conary occ	ш	STOIL		-		MILITE	1000
Conditions, if any	DUE TO		rombo-angi	4.4	is oblit	omon e			14 5	yrs.
rise ta immedia	te cause (a), (. Onbo-angi	IV	TO OBITE	erans			7-)	AT D.
stating the unde	erlying cause	Gar	neralized	ar	terioscl	erosis			year	?S
PART II OTHER S	IGNIFICANT CONDITIONS CON	ITRIBUTING TO	DEATH BUT NOT RELATED	TO T	HE TERMINAL DISEASE C	ONDITION GIVEN IN	PART 1(a)		19 WAS	AUTOPSY
0110									YES PERFO	ORMED?
20a. EXTERNAL () PRIMARY [] or CO		20b DESC	RIBE HOW NURY OCCUR	RED (Enter nature of injury i	n Part 1 or Part II at	item 18)		1.20	
	INTRIBUTING [_]									
20c. TIME OF INJ	URY Manth, Day, Year	20d INJ	URY OCCURRED 20e		E OF INJURY (Hame, fa		r ar fown)	((0)	nty)	(State)
Haur a.	m. m. 19	While at work	Nat While	facto	nry, street, affice bldg , et	tc.)				
21 certif	y that I taak charge	40.		. hel	d an Autabsy 🗔	, Inspection	noui	гу 📆	and in a	ny apinia
death resul		causes 🕱			de 🗍 Hamicid	The second secon	ermined ma			пу орипе
	12 -					AL EXAMINER				
ACTUAL SIGNATURE	(10%	2 am	teg.		M.D ASSISTANT M	EDICAL EXAMINER]	2.4	22. Di	ATE SIGNED
EXAMINER'S NAME (Type)	C. G. Rawle	- M	D			ICAL EXAMINER 🔀	-w Cmi	-	13/ 5 7	
23g BURIAL, CREMATI			23c NAME OF CEMETERY	ne c			N (City or Yawı		(aunty)	(State)
Buffal (Specifi	March 1						ield. M			(stute)
24 FUNERAL DIRECTO		7 1/9	ADDRESS			C'D BY REGISTRAR	-	-		
Bradshaw	& Sons, Cris	field.	Maryland		MAR	1 4 1967	goly	ISTRARS SI	Judge	>



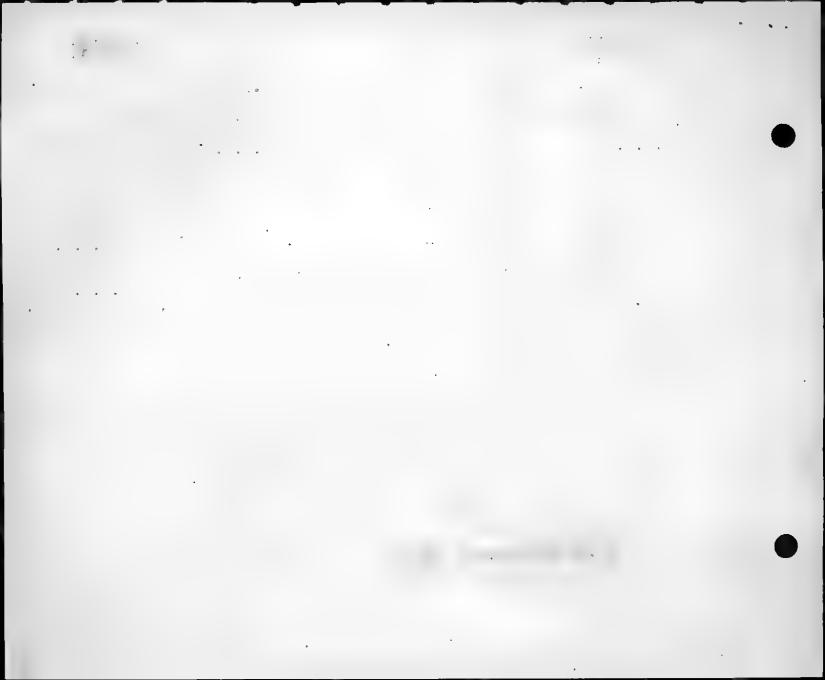
death. after sletely filled in by tarbon papers. Page t, within 72 hours 4 OHES within completely event, attending physician and corrmit. Then plaese ≺emove 1, or removal, and In ally ally ev certificate d by the attenctransit permit. death been signed by the the burial-transit or to burial, cremati The law requires that the or attending physician. has be as the : After this certificate had also be detached for use a he State Dept. of Health pr PHYSICIAN: OR ATTENDIN be retained t DIRECTOR: A

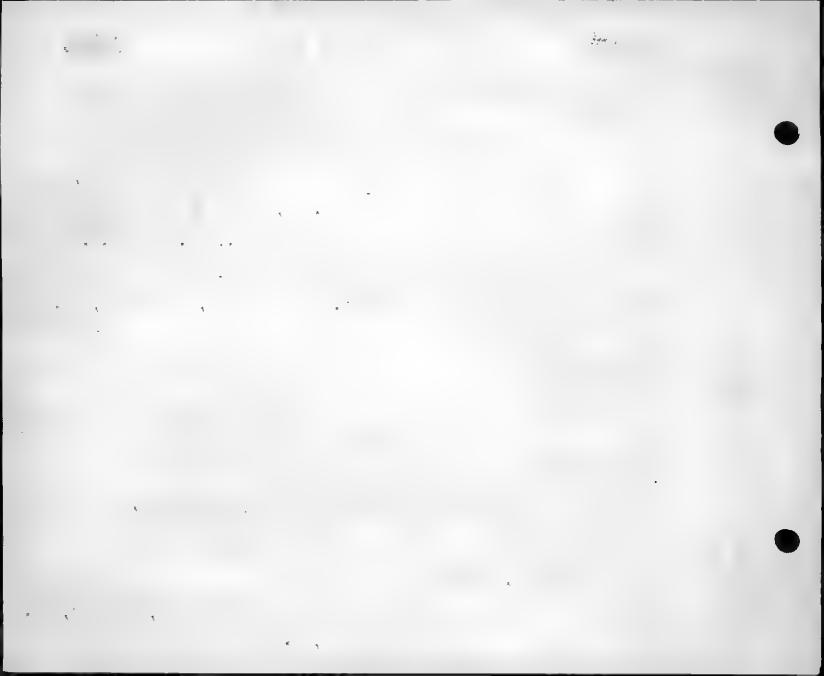
57 TO FUNERAL DIRE director, page 3 should be filed v

VR AI5 (4) 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Somerset Maryland Somerset
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
Rural-Pocomoke City c. LENGTH DF STAY IN 1b Rural-Pocomoke City vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? R.F.D. R.F.D. YES X ND NAME DE First Middle DATE Last 4. Month Year DECEASED JENNIE SHREVES EAST (Type or print) DEATH March 19 67 6. CDLDR DR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 8. NEVER MARRIED [last birthday) Months Female White Days Hours WIDDWED K March 14,1874 93 DIVORCED 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR 1). BIRTHPLACE (County & State, or foreign country)
ACCOMACK County, 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Housewife Virginia
14. MOTRER'S MAIDEN NAME U.S.A 13. FATHER'S NAME William James Shreves Polly Dix 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT Address R.F.D. (Yes, no. or unkown) (If yes give war or dates of service) Mrs Raymond Denston, Pocomoke, Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, generalized. DUE TO Conditions, If any, which Pyelonephritis, chronic, mod sev (b) more or gave rise to immediate DUE TD cause (a), stating the underlying cause last. Mal-absorbrion, syndrame, rel severe mos CERTIFICATION PART (I. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? ND [2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury In Part | or Part || of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year | 2Dd. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While Hour a.m. factory, street, office bldg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased from June 28. , 1956, to <u>Mar. 30, 1967</u>, that (I) (we) last saw the deceased alive on. _19_67_, and that death occurred at 10:26 from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. April 1, 1967 M.D. DIRECTOR PHYSICIAN'S NAME (Type) 22c. ADDRESS .E. Sartorius, Jr., Market St., Pocomoke City, Md. DATE THERED NAME OF CEMETERY DROCHEMAXOWIX 23a. BURIAL, CREMATION, 23d. LDCATIDN (Gity, town or county) (State) REMOVAL (Specify) BUTIAL 4-2-1967 Pocomoke City, Maryland Salem Methodist FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Pocomoke City, Miller Jusque Md.

MARYLAND STATE DEPARTMENT OF HEALTH





Residence before odmission)

IS RESIDENCE ON A FARM? YES

NO Year 1967

IF UNDER 24 HRS. Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? FS NO YES

(Stote)

(we) last stated above

(Stote)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

١	04214		CERTIFICATE	OF DEATH		04213
	o. COUNTY	Somerset	Maryland	2 USUAL RESIDENCE (V	Vhere deceased lived, if institu Land b. cou	INTY Somers
	b, CITY OR TOWN (write RURAL on	f outside corporate limits, auve nearest town) ITIOLD	c. LENGTH OF STAY IN 16		rside corporate limits, write RU n Station	JRAL and give nearest town
, [at or institution (If not in ly Memorial	hospitol, give street oddress) . Hospital	d street address Box 2	:64	e IS RE On A YES
	3 NAME OF DECEASED (Type or print)	Boyd	Cla yton	Harris	4. DATE Mon OF Mar DEATH	20 1
	Male	Negro	WIDOWED DIVORCED	SEPT. 18,19	08 set berthdoy) yrs.	Months Doys Hour
	during most of working	life, even if retired)	INDUSTRY	Charlot	EM.C.	12 CITIZEN OF WHAT COUNTRY?
	SAI	M HATTIS	14 SOCIAL SECUDITY NO. 17	MARIE	Harris	7050
	(Yes, no. or unknown)	(If yes give wor or dates of se	TVICE) 186-10-0489 \$	nnabelle	// / A	1111 1115
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Det line for (9), (o), ond (t).)	listered H.	melye	ONSET AND
	Conditions, if ony rise to immediat stating the unde	, which gove (b) (b) e cause (o), PUE TO		•		
	PART II OTHER SI		RIBUTING TO CEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19 WAS AI PERFOI YES
		☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Part II of item 18)	
	pı	n. n. 19	While Not While foct	tory, street, office bldg., etc.)		(County)
	saw the de	fy that (1) (this haspite eceased alive an 3/	al) attended the deceased fram_, 20/67_19, and tha			and an the date stat
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 98 98 98 98 98 98 98 9		220. DATE SIGNED				
	NAME (Type	G. U. U		Cr		
	PMOVAL (Specify	10 3/23/	67 MT. P.	EER	Marion	11
k	24. FUNDON DIRECTO	long Ello	re Crisheld V	MAR	1/4/1	rayles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remayed and the papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

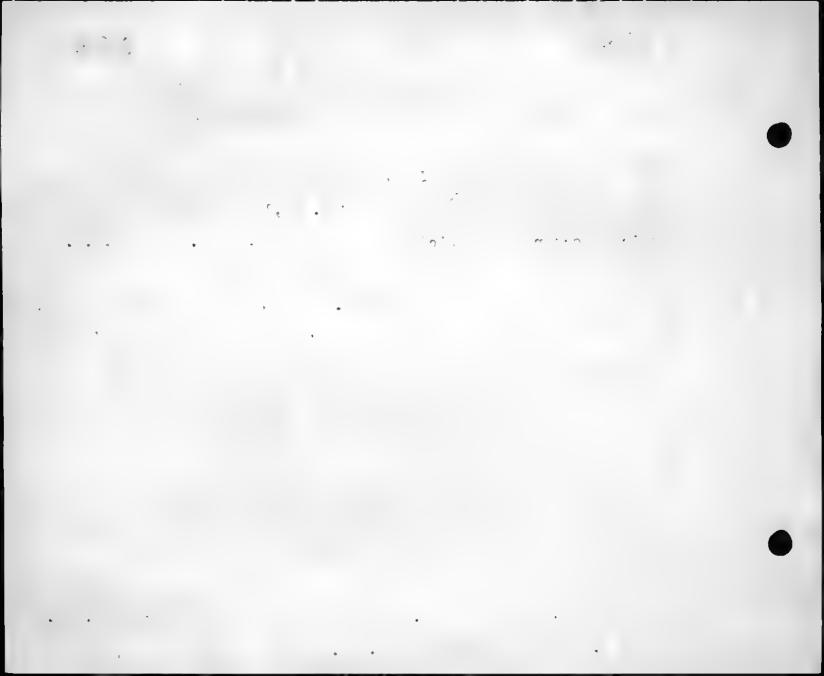
TO HOSPITAL

OR ATTENDING PHYSICIAN: I'll aw requires that the death certificate be executed within 24 haurs after death

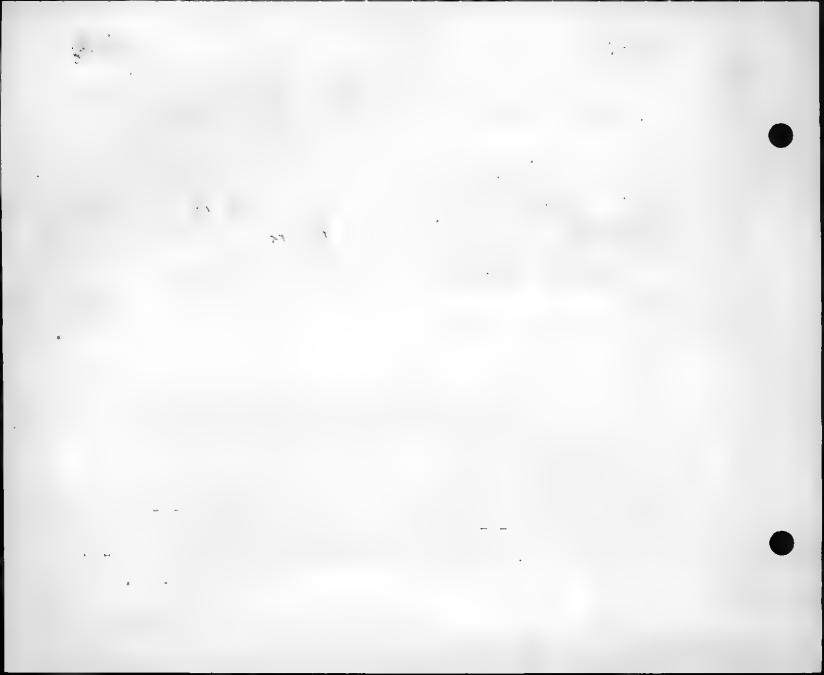
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VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04215
CERTIFICATE OF DEATH
04214

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) _a. STATE
SOMERSET MARYLAND	MARYLAND SOMERSET
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
PRINCESS ANNE	PRINCESS ANNE /7-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
	YES NO 🔼
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) ROBERT HARVEY JOHNS	SON DEATH MARCH 9 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS IFUNDER 24 HRS Months Days Hours Min.
24 4 4 4 4	NOV. 22,1902 64 yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Medical Doctor Medicine	PITTSBORO, MISS. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES JOHNSON	LEILA CARTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	
	3. HELEN JOHNSON PRINCESS ANNE, MI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	DNSET AND DEATH
IMMEDIATE CAUSE (a) Conphyse	ma a years
DUE TO	
Conditions, if any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
ICA I	YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m. 20m.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1 arch 9 1967, to towarch 9 1967, that (1) (we) last
saw the deceased alive on19 and that	death occurred at AM, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
Cham d. Marksman M.	ATTENDING MED. PHYS. STAFF PHYS. O
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
HAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 3/11/1967 ST. ANDREW	CEMERTERY PRINCESS ANNE, MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAB'S SIGNATURE
LEVIN R. WILSON PRINCESS ANNE. M	D. DAMAR 1 3 1967 Charles Judge



1		f Division of Statistical i	MARYLAND STATE DEI RESEARCH AND RECORDS	PARTMENT OF HEAL 5. 301 W. PRESTON STRE		ARYLAND
402		04216	CERTIFICAT	•	042	15
hours after death d in by the round rs. Pages I are t hours after death	1.	PLACE DF DEATH a. COUNTY			deceased lived, If institution: Res	idence before admission)
a = 5		SOMEYSE!	MARYLAND	a. STATE	b. COUNTY Som	riseT
's af by the Pages irs at		 CITY OR TDWN (If outside corporate IImi write RURAL and give nearest town) 	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside c	corporate limits, write RURAL a	nd give nearest town)
Tours of in by S. Page hours	_	d. NAME OF HOSPITAL OR INSTITUTION (IF IN	ot in hoenital viva etraat addrage)	d. STREET ADDRESS	DATIET	e. IS RESIDENCE
filled papers in 72 h		a made of the of the or the order	or in modernii Prao an cor anni casi	12247		ON A FARM?
within letely rbon p	3.	NAME DF A First	Middle	Last 4. DAT	E Month	Day Year
d within mpletely carbon ent, with		(Type or print) Om A/	~ .C_	JOMES DEA	VTH	6 1967
be executed within 24 hostilary completely filled issee remove carbon papers, and the anglevent, within 72 h	5.	11 11	WILLER THE METER WHITE THE	8. DATE OF BIRTH		YEAR IFUNDER 24 HRS. Days Hours Min.
iaro executed	10a	1115410	DOWED DIVORCED 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & St.	ate, or foreign country) 12, CIT	IZEN OF WHAT
and see in the	dur	. USUAL OCCUPATION (sive kild of work done ing most of working life, even if retired)	INDUSTRY	DAMES LATE	ter mil cou	INTRYT 75
icate be physicia n please val, and	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2	
ertifi ling There		DENWOOD JON	1ES	MARY E	UTEN	
aw requires that the dmath certificati ttending physician. has been signed by the attending phy as the burial-transit permit. Then pi prior to burial, cremation, or removal,	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (If yes give war or dates of service	16. SOCIAL SECURITY ND. 17.	INFORMANT	Address	7 7
d∎al he ar perr tion,	-	18. CAUSE OF DEATH [Enter only one caus	a ner line for (a) (b) and (c)]	UEIMA L.J.	ONES DAM.	INTERVAL BETWEEN
tlle n. by t msit rema		PART I. DEATH WAS CAUSED BY:	Carcinoma of Li	ing		ONSET AND DEATH
that sicial med al-tra al, co		/ IMMEDIATE CAUSE (a) DUE TO				
fres phys sign puris buris		Conditions, if any, which (b)				
ding ding been the or to		cause (a), stating the DUE TO				
law atten has e as e as	NOI	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
The or a cate	1CAT					YES NOT TO
ATTENDING PRYSICIAN: The law requires that the duath certificate retained by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physis should be detached for use as the burial-transit permit. Then ple with the State Dept. of Health prior to burial, cremation, or removal, and	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In	Part I or Part II of Item 18.)	
TYSIC the hos this contested detache		(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f	. (City or town) (Coun	ty) (State)
y the	MEDICAL	Hour a.m.	While - Not While - facto	ory, street, office bldg., etc.)	. (015) 01 (0111)	(3)
ATTENDING Pretained by termined by termined by the State vith the State	×	p.m. 19 21. I certify that (I) (this hospital)	at work at work	1957 . 19	to 3-6- 19.6°	Z. that (I) (we) last
TTEN Itain TOR: Shoul		saw the deceased live on 3-6			from the causes and on the	e date stated above.
DE resident of the second of t		22a, SIGNATURE	Hedron O	ATTENDING MED. D. PHYS. DIRECTOR	- STAFF -	TE SIGNED
FITAL OF PAGE 10 Or, Page 11 be file		22c. PHYSICAN'S NAME (Type) Fire patt	Acces De W.	22d. ADDRESS	- FRI 3	,=01
NER STORY		100000	SutterMD	Dames Qu	arter, Md.	
Page 4 may be retained to Funeral in To Funeral Director. Afficients of director, page 3 should be filed with the St	238	REMOVAL (Specify)	OF 23c. NAME OF CEMETER	10	LOCATION (City, town or cour	nty) (State)
n A	24	BUNIA/ 1 -111/6	ADDRESS	HCFES 258. REC'D BY RE		SIGNATURE
VR A15 (4)	1	Fattomas 116	76:00	MAN 1 3		Judge
15M 4-64	1/-	ar and a france	- July			



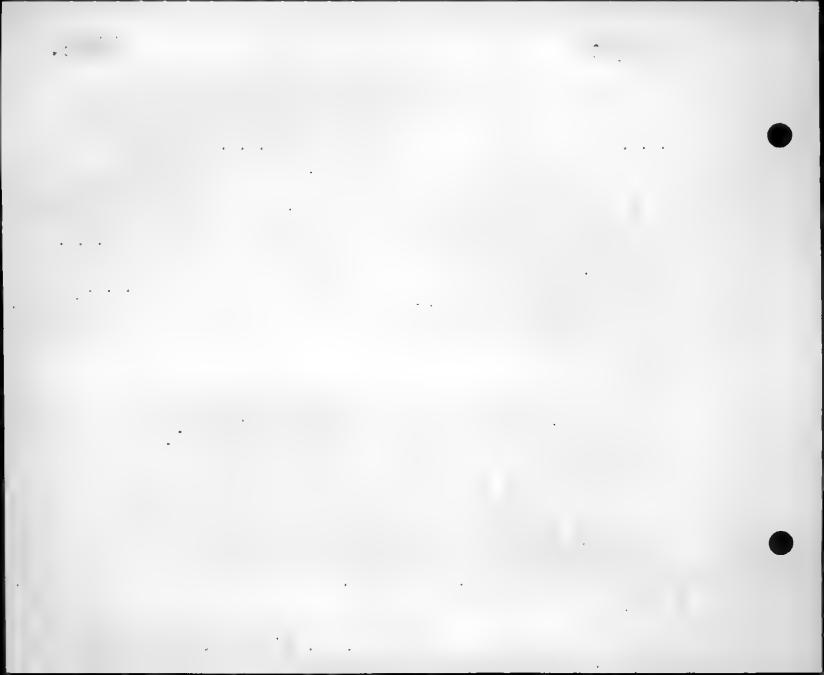
O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with facing PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Swith the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

	Divisi	ion of STATISTICA		ARCH AND RECO	RDS	, 301 W. PRESTO	N STREET,	BALTIMOR	RE 1, MAR	YLAND	
	04217	T+ME!	DIÇAL	EXAMINER	/\$ _	CERTIFICAT	E OF D	EATH	04	216	
1.	PLACE OF DEATH	1		• <u>*********</u>		2. USUAL RESIDEN		ased lived, If in	stitution: Res	idence before admiss	ion)
	Somerse	et		MARYLA	AND	Marylane	đ	Some	rset		
	b. CITY OR TOW	N (if outside corporate I and give nearest town)	lmits,	c. LENGTH OF STAY I		c. CITY OR TOWN (I	foutside corp			nd give nearest to	wn)
	West			xx days		Rt 1.	Westov	er		12:	
	d. NAME OF HOS	PITAL OR INSTITUTION (if not in ho		ress)	d. STREET ADORESS				e. IS RESIDE	NCE
										YES NO	
3.	NAME OF DECEASED	First		Middle	35-	Last	4. DATE	Mont	- /	Oay Year	
	(Type or print)	James				tson Jr	DEATH	Mar			Nine
	SEX	6. COLOR OR RACE 7.		_	1404	8. DATE OF BIRTH	9.	last birthday)		YEAR IF UNDER 24	nna.
	nale		WIDOWEO (-aud		Mar 4-67		утв.		双 (112)	
		ION (Give kind of work don ing life, even if retired)	8 10b. Ki	NO OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State or foreig	n country)	COU	IZEN OF WHAT NTRY?	
						Maryla			USA		
13.	FATHER'S NAM	É				14. MOTHER'S MAI	OEN NAME				
	Tames I		son, S	Sr.		Nettie	Arnold				
		EVER IN U.S. ARMED FORC (If yes give war or dates of se		SOCIAL SECURITY NO.	17.	INFORMANT		Addre		Rt L	-
,						Nettie	Matson	(Moth	er)We	stover	MD
	18. CAUSE OF	DEATH [Enter only one c	ause per Ili	ne for (a), (b), and (c).]			-		INTERVAL BETWE	EN
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Int	erstitia	L P	neumoniti	s SDII			2days	
П	7630										
	Conditions, If	any, which \ (b)									
	gave rise to ceuse (e), si	Immediate (
	underlying caus	ie lest. (c)									
NO.	PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH BUT NO	TREL	TED TO THE TERMINAL	DISEASECOND	ITION GIVEN IN	PART 1(0)	19. WAS AUTOF	SY D?
CATI										YES 🔀 NO	
MEDICAL CERTIFICATION	20a. EXTERNAL	CAUSE WAS CONTRIBUTING [] 'H.	20b. D	ESCRIBE HOW INJURY	Y OCCI	RRED. (Enter nuture o	of Injury In Pa	rt I or Part 11 (of Item 18.)		
	CAUSE OF DEAT	H.									
AL	20c. TIME OF	INJURY Month, Day, Ye	er 20d. 11	JURY OCCURRED 20	e. PL	CE OF INJURY (Home,		City or town)	(Coun	ty) (Stat	e)
Ē	Hour a.r		While	Not While at work	18010	ory, street, office bldg.,	610.)				
2		v that I took charge o			ze, he	ld an Autonsy X	Inspection	. Inat	iry 😿 .	and in my opi	nion
	death result			_		icide . Homic		Undetermined			
	death result	of notific notification	10303 [X]	1 HOURSON DIST	00	CHIEF MEDICA		П	ί.		
	ACTUAL	14100	1	all y	-4	M.O. ASSISTANT M	EDICAL EXAMI	NER 🗍		22. DATE SIGI	VED
	SIGNATURE		/				CAL EXAMINER	I	3-	1.9-67	
7	EXAMINER'S NAME (Type)	Everett Su	tterN	and the same of th		Address (Stre	et, city, town,	or county) S	omers		
232	BURIAL, CREM	MATION, 23b. OATE THE		23c. NAME OF CEN	ÄET E R	Y OR CREMATORY	23d. L0	CATION (City, t)
	REMOVAL (Spo	3-21-6	7	St Paul			Rt]	Princ	ess !	nne. Mo	
24	. FUNERAL DIRE	CTOR	+	ANDRESS		25a. R	R 2 2	TRAR 25b	SUSTRAL'S	SIENATURE	
	Sam G S	avage Pri	ncess	Anne, Mo	E	DATE	n a a R	301	-,04	00	

VR ALSME

TO DEPUTY MED



VR A15 (4) 20M 1/65

MARTLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	42			CERTIFIC	Alt	UF DEATH				142	12	
1.	PLACE OF DEAT	1				2. USUAL RESIDENC	E (Where	deceased lived, If ins	titution: R	esidence	before ad	mission)
	a. COUNTY S	omerset				a. STATE	T	b. cour		_		
			fa -	MARYLA			land			nerse		A A annual
	write RURAL	N (if outside corporate lim and give nearest town)	115,	c. LENGTH OF STAY I	N ID	c. CITY OR TOWN (If			ITO KOKAL	and give	neares	/ townj
-		risfield		2 years			moun	t			7.	/
		SPITAL OR INSTITUTION (IF		ospital, give street add	ress)	d. STREET ADDRESS				e.	IS RES	
_		mith Care Home								-		NO 🔲
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	TE Monti	h	Day	Yea	ır
	(Type or print)	PAUL		EUGENE	MAT	TSCHENZ	DE	ATH March	18	3	19	67
5.	SEX	6. COLOR OR RACE 7. M	ARRIED	NEVER MARRIED	1 8	DATE OF BIRTH		Q AGE (In years	IFUNDER			
	Male	Title 4 4 a	DOWED	DIVORCED		a n. 10, 18	79	last birthday)	Months	Days	Hours	Min.
102	USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co) 12. C	TIZEN C	F WHAT	
aur	ing most of work	ing lite, even it retired)		VDUSTRY		Switzer	7			UNTRY1		
13	FATHER'S NAM			farming		14. MOTHER'S MAIDI] 0.	S.A	•	
10	TATILA S ISAIS	Unknown				Unkno						
15	WIND DEDELOCED	EVER IN U.S. ARMED FORCES	2 1 12				MIT					
(4,9	. WAS DECEASED! S. no, or unkown)	EVER IN U.S. ARMED FURGES (If yes give war or dates of servi	(se)	SOCIAL SECURITY NO.	17.	INFORMANT		Addre	SS			
	No	(If yes give war or dates of servi			Smi	th Care Hom	e —	Crisfield	Mi.			
	18. CAUSE DF	DEATH [Enter only one cau	se per li	ne for (a), (b), and (c).							VAL BE	
П	PART I. DI	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Pa	ncoast's	tum	or, right	lun	IZ.			TAND I Vrs	
	. *	DUE TO										
	Cenditions, If	anu mbloh l										
	gave rise to	immediate /		· · · · · · · · · · · · · · · · · · ·								
	cause (a), si											
z	underlying caus					·				l		
150	PART JI. OTHERS	GIGNIFICANT CONDITIONS CO	ONTRIBU	TING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL D	ISEASEC	ONDITION GIVEN IN	PART 1(a)	19.	WAS AU PERFORI	TOPSY MED?
icA										YES		NO 🗍
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING	20b. [ESCRIBE HOW INJURY	OCCU	RED. (Enter nature of	înjury in	Part I or Part II o	f Item 18.)		
ical		INJURY Month, Day, Year				E OF INJURY (Home, far y, street, office bldg., et		. (City or town)	(C ou	nty)	(S	tate)
MEDICAL	Hour a.r	•••	While at work	Not While	140101	it att cott om se stag., et						
-		y that (I) (this hospital)			_m 1	2/25/65 19	1 3	to 3/18	10 6	7 th:	et (I) fo	ve) last
		ceased alive on	/18	10 67		death occurred at	JP L			ho được	etatod	epone
	22a. SIGNATUR			15_07_, and	ı ınaı	death occurren at	Z	Holli the Causes	1 22b. Di			anuve.
		(Nay	Pa	wer.	M.D.	ATTENDING TO M	IED. IRECTOR	STAFF		20-		
	22c. PHYSICIA		, , ,		III.U.	22d. ADDRESS	IIILOTOII	<u> </u>	1			_
	NAME (T)	(pe) C. G. I	awl	ey, M.D.		324 Main	n St	., Crisf	ield	, M	d.	
23a	. BURIAL, CREM	ATION, 236. DATE THERE	OF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d.	LOCATION (City, to	wn or cou	inty)	(St	ate)
	REMOVAL (Spe Removal	Mar. 20.19	167 V	Anatomy Bos	ırd	of Md.	29	S. Greene				pre,
24		CTOR		ADDRESS		25a. REC	'D BY RE	GISTRAR 25b. RI	EGISTRAR'	SSIGNA	TURE	761-6
U	· toot	Bradshaw &	ons	- Crisfie	ld,	Mi DATEMA	000	1967 1	Chary	By U	uda	
H	Ann,	AMMINT 1	HOA	& Jakob	tt.	A HUMANA	11.4.)_ 001		1	-0	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p COUNTY Wicomico 2 Maryland Somerset MARY, AND Pagi delay b CITY OR TOWN I f outside corporate I mits. C. ENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Departmen and write RURA, and a ve nearest town) P.M3 Salisbury Rural - Princess Anne d NAME OF HOSPITA, OR INSTITUT DN (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? form hours YES NO Stokes Care Home Mt. Hermon Rd., penchin item 18 Give Pages 9.0 R.D.# 24 hours after death 3 NAME OF First Middle DATE w.th.n DECEASED 167 SADTE ELLEN PARKER March 2 (Type or print) DEATH plong IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED last parthdoy) Months Hours June 21, 1890 Female White WIDOWED DIVDRCED and 1 81RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10g USUA, OCC., PATION (Give kind of work done 10b KIND OF 8US NESS OR during most of working life, even if retired) INDUSTRY any Wicomico County. Md. poges in any 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM be executed within Priscilla Ellen Hamblin Elisha Minos Stanton Parker 17 INFORMANI IS. WAS DECEASED EVER IN U.S. ARMED EDRCES? 16 SOCIAL SECURITY NO Mrs. Doris M. Townsend (Sister) Mt. Hermon Road, Salisbury, Maryland (Yes, no, or unknown) ((If yes give war or dotes of service) removal. 217-36-0269 No INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Uremia 0 This certificate should cremation, DUE TO arteriosclerosis of kidneys vears Conditions, if any, which gave " 0 rise to immediate couse (a). DUE TO stoting the underlying couse 0 O.S burial, 19 WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 0 90 20o EXTERNA, CAUSE WAS 20b DESCR 85 HOW INJURY DECURRED (Enter nature of injury in Port or Port II of Item 18.) 3 should ogent, prior should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20d ThurtRY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) 20c TIME OF INIURY Month, Doy, Year (County) (Stote) Hour om foctory, street, office bldg. etc.) Not While FUNERAL DIRECTOR: Page ot work of work 21 I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry XI. and in my apinian the funeral director. death resulted from Natural couses . Accident [Homicide [Undetermined manner Suicide CHIEF MED CAL EXAMINER ACTUAL 22 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 5 may be 1 TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER March EXAMINER'S NAME (Type) Dr. E. C. Sutter. Dames Quarter, Md. Address (Street city, town, or county) 23c NAME OF CEMETERY DR CREMATORY 23g LDCAT DN (City or Town) 230. BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify)

1967 Parsons Cemetery

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Salisbury, Maryland

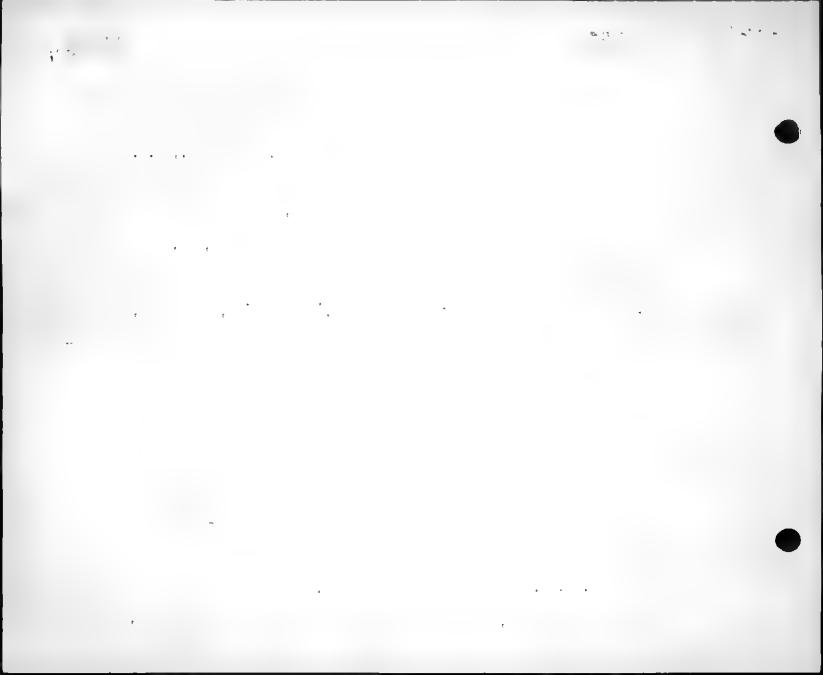
250 REC'D BY REG STRAR

MAKE 9

VR A15ME

Burial

24 FUNERAL DIRECTOR



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the caperal director, page 3 shourd be detached for use as the burial-transit permit. Then please reprove cacon papers Pages, and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in payerent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

> VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04221	CERTIFICATE	OF DEATH		04220
a. COUNTY Somers	et MARYLAND	2. USUAL RESIDENCE (M o. STATE M &	Vhere deceased lived, if institution: Residency S. COUNTY S.	nce before admission) OMERSEU
b. CITY OR TOWN (If outside carparate limits, write RURAL and give reapest town) 1 e]	d Life		tside carparate limits, write RURAL and gi "ISI"ield	ve nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in McCready Memorial		d STREET ADDRESS 113 Ric	hardson Avenue	e IS RESIDENCE ON A FARM? YES NO K
3 NAME OF First DECEASED W. Wesl		Riggin	4 DATE Month OF Mar.	22 19 67
Male White v	VIDOWED A DIVORCED	8 date of Birth Jan. 2, 1876	6 91 ast birthday) Manths	
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	Crisfield	, Md. Ú	CITIZEN OF WHAT OUNTRY? SA
13. FATHER'S NAME Seth Riggin		14. MOTHER'S MAIDEN N	ling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give wor or dates af ser	vice) 264-07-9774 Mrs	NFORMANT Patsy Mill	Address Crisfield,	Md.
18. CAUSE OF DEATH (Enter only one couse property in DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HARD 2. DUE TO	Pulmonary 20 Thyo carditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c)	dro.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in F	Part I ar Part I! af item 18)	
20c TIME OF INJURY Month, Day, Year Haur a.m p.m. 19		CE OF INJURY (Home, farm lary, street, office bldg , etc.)		ounty) (Stote)
21. I certify that (I) (this haspito saw the deceased alive an Ma	l) attended the deceased fram_	, 19 t death accurred at	3:10 M, from causes and an	the dote stated above
AA BUILDER CLANIC	wley M.	D. PHYS.	MED. STAFF DIRECTOR PHYS. 22b	DATE SIGNED
	wley, M.D.	Cris	field, Maryland	
230. BURIAL, CREMATION, 23b DATE THEREOUR BURIAL (Specify) Mar. 24,	1967 Sunnyridge Ce	metery	23d. toCation (City or Town) Crisfield, Md.	(County) (State)
24 FUNERAL DIRECTOR Bradshaw & Sons. Crisfi	ADDRESS ·	25a RECD	BY REGISTRAR 256 REGISTRAR'S 27 1967 RCLOSEL	SIGNATURE Sy Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryl and Somerset Somerset MARYLAND b CITY OR TOWN (If autside carporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town Crisfield Life e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) A STREET ADDRESS McCready Memorial Hospital Mariner's Section YES DE NO NAME OF First Middle 4. DATE Last Manth Year DECEASED (Type or print) 1967 Cecie Somers 19 Mar. IF UNDER 1 YEAR 8. DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 84 birthday) White Mar. 25, 1882 Temale. WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12 CIT ZEN OF WHAT Crisfield, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Howard Maggie (?) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Jacksonville Rd. 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates of service) 212-10-4448 Mrs. Agnes Crockett. Crisfield. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) MEDICAL CERTIFICATION NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year Haur'a.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City or fown) (County) (State) Nat While 21. I certify that (I) (this haspital) attended the deceased from 19___, that (I) (we) last ___ ta saw the deceased alive an 3/10/67 22o SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR Crisfield, Maryland 22c. PHYSICIAN'S Rawley, NAME (Type) 23g. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Bur REMOVAL (Specify) Crisfield, Md. Mariner's Cemetery Mar. 21. 1967 24. FUNERAL DIRECTOR ADDRESS 2Sb REGISTRAR 5 SIGNATURE 2Sq REC'D BY REGISTRAR Bradshaw & Sons, Crisfield, Md.

OR ATTENDING PHYSICIAN: The law requires that the Leath certificate be executed within 24 hours after death. completely filled in by the fun-ove carbon papers. Pages 1 to event, within 72 haurs after de burial, cremation, or remaval, and in any burial-transit permit. **TO FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 shauld be detached for use as the burial-tran Page 4 may be retained by the hospital or ottending physician. director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Somerset

IF UNDER 1 YEAR | IF UNDER 24 HRS

12 CITIZEN OF WHAT

ANNE.

(County)

22h. DATE SIGNED

(County)

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

1967, that (!) (we) last

MD.

IS RESIDENCE ON A FARM?

YES 🔼 NO 🗌

Year

1967

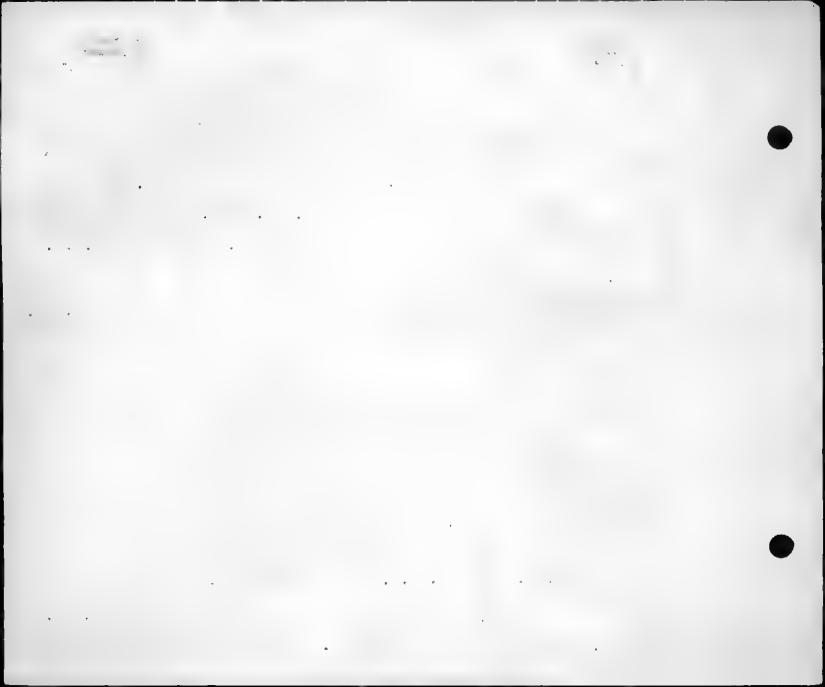
CERTIFICATE OF DEATH . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY Somerset Maryland MARYLAND b CITY OR TOWN (If autside corporate limits, write, RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) nd campletely filled in by the emayers. Pag any event, within 72 haurs 2 Days Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS McCready Memorial Hospital Lankford Street Middle 4. DATE First DECEASED (Type or print) Cl arence B. Street Mar. DEATH S. SEX 8 DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 90 birthday) Male White OCT. 24,1876 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work dane IDb. KIND OF BUSINESS OR and in INDUSTRY CRISFIELD. MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, MARIETTA BERRY JOHN EDWARD IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service)
YES SPANISH AMERICAN ROBERT STREET PRINCESS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) has been signed by the se as the burial-transit PART I. DEATH WAS CAUSED BY: ARDIAC IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION 20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, 2Df. (City or town) factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram_ 15 19 _, ta and that death occurred at 7:50h, from causes and on the date stated above. saw the deceased alive on 22n. SIGNATURE ATTENDING director, page 3 shauld be filed v PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Kaufman, Crisfield, Maryland 230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURTAT. PRINCESS ANNE. AMERICAN LECTON 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR

ANNE, MD.

TO FUNERAL DIRECTOR: After this certificate

be retained

FIIYII(III): The law requires that the death certificate be executed within 24 hours after death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

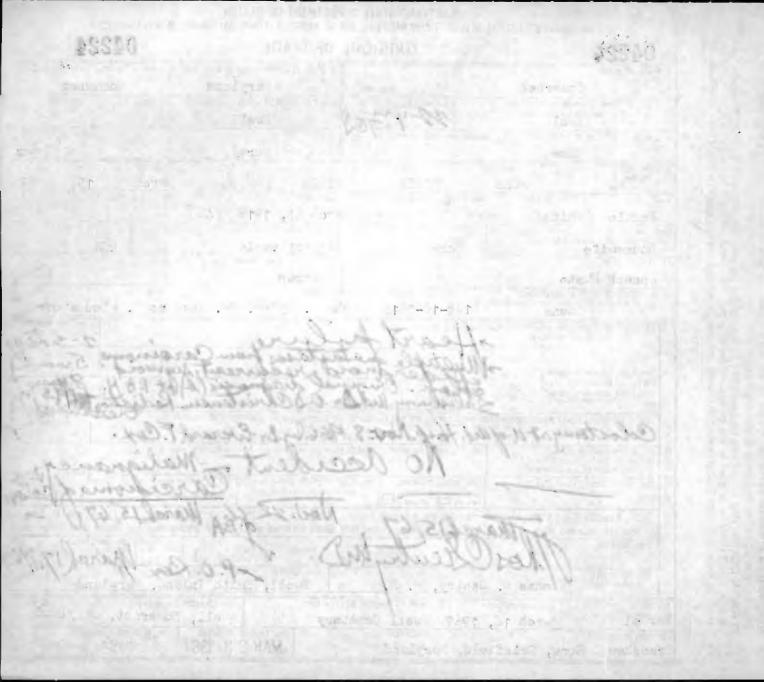
04224

CERTIFICATE OF DEATH

04224

	, e								
o. COUNTY	Somerset		MARYLA	.ND	2. USUAL RESIDENCE (1 o. STATE MS).	Where deceased liv	h COUNTY	ence before o	
b. CITY OR TOWN write RURAL	(If outside corporate limits, and give nearest town) EWELL		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF or EW	etside corporate lin	nits, write RURAL and (give neorest t	19,1
d. NAME OF HOS	PITAL OR INSTITUTION (If not in	hospitol, giv	e street oddress)	4	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
	Home				Ru	ral		YE	S NO X
3. NAME OF DECEASED (Type or print)	First ROSE		Middle MARIE		Lost PYLER	4. DATE OF DEATH	Month March	Doy 15,	Year 19 67
S. SEX Female		MARRIED [NEVER MARRIED DIVORCED		arch 25, 19	18 48 48 AG	E (In years IF UND t birthdoy) Month:		Hours Min.
10o. USUAL OCCUPAT	ON (Give kind of work done ng life, even if retired)	INDI	O OF BUSINESS OR USTRY DAG		11. BIRTHPLACE (County Pennsylvan	& Stote, or foreign	country) 12.	CITIZEN OF V COUNTRY? USA	TAHW
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
Joseph	Misto				Unknown				***
15. WAS DECEASED (Yes, go, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of sel	16. SC 148	3-16-1615		hn T. Tyler	, Jr. Sa	Address me as 2. a	abed a	bove
PART II. OTHER	SIGNIFICANT CONDITIONS CONT TOMAS UNDERMING WAS UNDERMING DUE TO (c)	aled, 7	Lip. Nov.	8.1	HE TERMINAL DISEASE COL 166, Lydr Enter goture A injury, in	Everar	dF.Cox.	YES	AS AUTOPSY ERFORMED?
OR CONTRIBUTE (IF EITHER, NOT	NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Day, Year		10 a	0	PLACE OF INJURY (Home, form, 2017 Phily or town) (County) (County)				
S HOFE	p.m. 19	ot work	Not While at work	focto	ory, street, office bldg., etc.	· Ca	reino	mag	Pole
saw the	rtify that (I) (this hespit deceased alive on III	al) attend	the deceased fr	om id that	death accurred at				stated above
22o. SIGNATU	1/1/05	(0)	Centry	M	ATTENDING MED. STAFF DIRECTOR DIRECTOR DATE SIGNED 17.196				
22c. PHYSICIA NAME (T		Gentr			22d. ADDRESS Ewell.	Smith Is	land, Mary	land	/ "
23a BURIAL, CREMA Bur REMOVAL (Spe	ATION, 23b. DATE THERECO			RY OR C	өгу	Ewell,			
24. FUNERAL DIRE	CTOR		ADDRESS			D BY REGISTRAR	2Sb REGISTRAR	SSIGNATURE	100
Bradshaw	& Sons, Crisf:	ield,	Maryland		₀MAR	23 196	1 June	no June	1

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and infant event, within 72 hours after depth VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04225 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Somerset Maryla nd MARYLAND b. CITY OR TOWN (If outside carporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give peatest town) 2 Days Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NcCready Memorial Hospital NAME OF First Middle DATE Lost Manth DECEASED OF DEATH Brice P. Wright Mar. (Type or print) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Male Negro DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRIHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, na, ar unknown) (If yes give war ar dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/g CERTIFICATION 2Dg. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) factory, street, office bldg., etc.) While Not While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from 47, and that death occurred at 9715M, from couses and on the date stated above. sow the deceosed olive on Mo-22a, SIGNATURE M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Barr, M.D. NAME (Type Crisfield, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION DATE THEREOF

TO FUNERAL DIRECTOR: After this certificate director, should be

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

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TO HOSPITAL

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25b. REGISTRAR'S SIGNATURE

Somerset

YES

Day

Days

12. CITIZEN OF WHAT

IF UNDER 1 YEAR

Months

IS RESIDENCE

Year

1967

IF UNDER 24 HRS

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

(Stote)

YES

1967, that (I) (we) last

(County)

22b. DATE SIGNED

(County)

NO

